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I would like to feel I have left as a legacy to our Association. I like to think that I have had something to do with the widening outlook of the Association as regards its imperial character. I do not want to suggest that I was the originator of that idea, because when I came to the Association I found Oversea Branches in existence already. But I did feel that we had not as much contact with our Branches over-seas as we ought to have, and I think that by my visits to Canada and South Africa I have done something to bind together the Oversea Branches of our Association with the Association in this country. (Applause.) I always carry about with me a little present given to me by our South African colleagues—a "Christmas card" they called it—in the shape of a gold cigarette case. Our Canadian friends gave me a bronze buffalo, which together with its friendly inscription I shall always cherish.

I should like to thank all of you who are gathered in this hall for the magnificent reception you have given to me. I want to thank every man and woman whose name is in this Book, and when my inferiority complex gets the better of me, as it sometimes does, I shall look at that Book and it will help me to get over it. I do not know but what this "scrap of paper" may not also have some cheering effect. I am very grateful to you, Sir Humphry Rolleston, Sir Ewen Maclean, and your colleagues on the committee, and to every member of the rank and file. Within a very short time I shall have to leave the Association. I cannot conceal the fact that the thought of my impending retirement has given me a very unhappy year. When you have been at a calling which has been practically your only hobby, when you are lonely in life and getting on in years, it is sad to sever yourself from that which has become part of your very existence. But I am leaving the Association in good hands—in the hands of well-trying colleagues. Anderson you all know; he has been my right-hand man for years, and as loyal a colleague as ever a man had. (Applause.) In his hands I am quite certain the Association will go on and prosper. My colleagues on the staff have been kind, devoted, and loyal; and there are some people whom the members who gather at meetings never see, but whose work tells greatly in this Association. I should like to mention all of my staff, but I must mention two of them by name. One of them is my principal clerk, Mr. Coulson, to whom I and the Association owe a great deal, who was here when I came, and I hope he will be here for a good many years yet. The other is my personal secretary, Miss Brookes, and there are many people on this platform who know as I do how much a man owes to a really good personal secretary. I need say no more, except to quote Horace:

"The joys I have possessed in spite of fate, are mine;
Not Heaven itself upon the past has power,
But what has been, has been, and I have had my hour."
(Loud applause.)

APPRECIATIONS FROM OVERSEAS

Dr. E. H. T. NASH spoke of the time when he and Dr. Cox, before the latter entered into officership of the Association, were working together in framing the new constitution of the Association, and said that no one could imagine the burning zeal which Cox brought to that endeavour. If the stones of the Association bore the names of its founders, quite a number of them would bear the name of Alfred Cox, and what he had founded was always well and truly laid. The speaker added that when he heard that a portrait was going to be painted he trembled, knowing the travesties of art on the Academy walls, but he felt that there was one man who could represent the virility of Alfred Cox, and most fortunately that same man was the choice of the Selection Committee.

Dr. T. C. ROUTLEY said how glad he was to be associated with this testimony to a wonderful man. Perhaps he had the more acute understanding of Dr. Cox, because it had been his own privilege for fourteen years to be a medical secretary—for the last ten years Secretary of the Canadian Medical Association. Eight years ago the Association in this country sent to Canada the late Sir Jenner Verrall and Dr. Alfred Cox. Their Canadian colleagues received them with open arms; they were

charmed by their presence, and rejoiced in what they had come to do—namely, to bring into the great Imperial family the Canadian Medical Association. That Association had come 220 strong to the present Centenary Meeting. (Applause.) He spoke for all the medical profession in Canada, from Halifax to Vancouver, when he said that they rejoiced in this tribute to the Medical Secretary of the British Medical Association.

Mr. A. J. ORENSTEIN said that his first acquaintance with Dr. Cox was at the Bath Meeting of the Association in 1925, and, talking to him then, he realized that he was the man who could save the difficult situation which was then developing in South Africa. Fortunately the Council agreed to Dr. Cox visiting South Africa, and he fully justified its judgement. He had contributed in no small degree to the fact that there was now in South Africa one Association, which included 90 per cent. of the members of the profession.

Dr. J. NEWMAN MORRIS added a few words, saying that he had come forty days' journey to that meeting. In Australia their association with Dr. Cox, save in the case of a few of them who had come to this country, was by correspondence, but they had appreciated the simplicity and the force of his character. He bore witness to the influence of Dr. Cox on the 4,000 members of Australia. He had helped greatly to maintain the unity of the Association, and had definitely strengthened those ties which (to use the inspired words on the message on the Presidential Chair presented by the Australian Branches) "though light as air were strong as links of iron."

Before the proceedings closed it was agreed, on Sir Humphry Rolleston's suggestion, to send a special message of regard to Dr. Fothergill, with a hope for his speedy recovery.

HEALTH AND SAFETY IN INDUSTRY

HOME OFFICE REPORT

The Chief Inspector of Factories and Workshops, in his report for 1931,* says that he considers the "safety first" movement one of the most interesting developments in industry. He looks forward to the time when there will be permanent standing committees for all principal industries to review periodically the general position regarding accidents. He envisages also the possibility of co-operation by the Factory Department in the work of these committees, assisting them by summarizing the returns of reported accidents, and placing at their disposal experience of the causes and prevention of accidents. As he points out, we no longer believe that accidents are due to machinery and can be prevented by adequate protection; means must be found for dealing with the large volume of accidents which are wholly unconnected with machinery. The "safety first" movement is an educational movement designed to teach both employers and workers how accidents are caused and how they can be prevented.

The total number of accidents reported again shows a decrease, from 144,758 to 113,249, and of fatalities from 899 to 755. The building trade is responsible for the greatest number of fatalities in any one industry, and the majority of accidents were again due to causes in which the human element was the important factor. Accidents to young persons constituted over 16 per cent. of the total, and there is no doubt that many of these would have been prevented if the young people had been fully trained in the operation of their machines. There was no decline in eye injuries, although many of them could have been prevented by some suitable form of protection. A slight increase in the percentage of cases which became septic is attributed to unemployment rendering the workers' hands soft so that they were liable to blister on return to work. The report notes with satisfaction that an increasing number of firms have established a "safety first" organization, and are bringing in the workers

* Annual Report of the Chief Inspector of Factories and Workshops for the year 1931. H.M. Stationery Office. 1932. (Pp. 155. 2s. 6d. net.)

to do their share in accident prevention. Gratifying as this is, it is distressing to learn that such a large number of preventable accidents are still allowed to happen. Conditions of ventilation and lighting are steadily improving, though naturally it takes time to bring the older factories up to date.

The Senior Medical Inspector of Factories, Dr. J. C. Bridge, points out that the low incidence of notifiable industrial diseases, as also of accidents, is partly a reflection on the state of the labour market.

ENNUI IN INDUSTRY

Another sign of the times in industrial life is the absenteeism due to vague, ill-defined nervous disabilities, which Dr. Bridge ascribes to the boredom of the machine workers—a sensation absolutely unknown to the craftsmen of an older age. Repetition processes create a weariness which is not expressed in physical terms but in a desire for temporary relief from an occupation in which the mind is partially or entirely unused. How this state of affairs is to be controlled is a pressing problem of industrial life to-day. Dr. Bridge suggests the substitution of piece-rates for time-rates, promotion for efficiency, rest periods with a change of posture and attention, and bonuses of holidays for unbroken time-keeping. "The uninterested worker," he says, "is an industrial invalid."

Another problem of modern industry is the health of the woman worker, who only too often undertakes in what should be her leisure hours domestic work or home duties which sap her energy. On the whole, the health of women and young persons in industry is satisfactory, but additional facilities for active out-of-door recreation are desirable.

SILICOSIS AND ASBESTOSIS

The Silicosis and Asbestosis (Medical Arrangements) Scheme came into force on June 1st of the year under review, and has drawn special attention to the risks of inhalation in these industries. The Department has obtained much valuable information on the history of fatal cases from sending inspectors to inquests, and several special examinations have been made on disease in various branches of the industry. On an average, asbestosis kills the worker twice as quickly as does silicosis. The victim has usually been employed for about fifteen years in an asbestos works, or forty years in a pottery; on the other hand, he is likely to die after eleven years of sandblasting and after only seven years in the manufacture of scouring powders. A number of firms have now adopted steel grit instead of the sand for sandblasting, and the results have been uniformly satisfactory, both commercially and hygienically.

METAL POISONING AND FUMES

Even when allowance has been made for unemployment there seems to be a real decrease in cases of lead poisoning, the figure of 168 cases with twenty-one deaths being the lowest on record. Dr. Bridge comments on three cases of lead poisoning which were operated on as acute appendicitis. Of the six cases of mercurial poisoning reported, three occurred in the repair of electric meters, two from the use of mercury as a catalytic agent, and one in making thermometers. Improvements have been made in the industries concerned, and a great deal of definite improvement in the health of the workmen has been noticed.

An interesting case recorded is the poisoning of two men by fumes of cadmium. They were welding a triple compartment steel oil tank, and suffered from an influenza-like condition, with slight epigastric pain and vomiting. This was followed by a feeling of choking, high fever, and sore throat. Investigations showed that the electrodes used each contained 1/50 oz. of cadmium, which volatilized at a temperature somewhat above 315°C.

Some interesting cases of brass-founders' ague occurred in manganese bronze welders. The zinc content of the brass was about 39 per cent., and the flux used was borax. The symptoms were typical: severe shivering, tightness of the chest, shortness of breath, headaches, backache, and profuse sweating. The time of exposure necessary to produce an attack seemed to be between

half an hour and three hours. The manganese apparently had no effect on the worker.

Five men who were sinking a caisson cylinder in marshy ground near the Thames died from asphyxia. Analysis of a sample of the air in the chamber showed the composition as follows: oxygen 0.12 per cent., carbon dioxide 14.36 per cent., methane 4.59 per cent.; there was no carbon monoxide or other poisonous gas, and death was due to anoxaemia from exposure to an atmosphere containing over 80 per cent. of nitrogen.

Two cases of nicotine poisoning occurred from the bursting of a pipe during the process of pumping nicotine into an absorbent powder. The symptoms included contracted pupils, collapse, rapid but regular pulse, profuse sweating, restlessness, rigors, and nausea. There was evidence that absorption through the skin was the cause of the poisoning.

A number of cellulose painters have been examined, and it appears that there is a definite relation between conditions of ventilation and signs or symptoms of ill-health. Where localized exhaust ventilation is impracticable, the danger may possibly be overcome by using xylol as the diluent to the cellulose paint; a small group of experienced workers suffered little inconvenience and no apparent injury to health under these conditions. The signs and symptoms of local irritation of mucous membranes, together with headache, depression, and fatigue, are thought to be due to the solvents of cellulose and not to the diluent hydrocarbons.

Benzol poisoning was suggested by the examination of a small group of leather dressers engaged in a non-spraying operation. This inquiry is being continued.

SKIN CONDITIONS

All members of the Tar Distillers' Association and some other firms have now instituted periodic medical examinations in the hope of detecting early skin cancers. The medical officers find, however, a good deal of difficulty in persuading the workers to attend; they fear the diagnosis of cancer, fear operation, fear penalization if any defect is discovered, and have a general suspicion that the doctor must be acting primarily for the employer, who has some ulterior motive in instituting the examination. The addition of sixty new cases of epithelioma among cotton mule-spinners brings the total number of recorded cases among these workers to 1,062. During 1931 eight cases of carcinoma of the bladder were reported, five in chemical workers manufacturing scientific dyes and coming into contact with α - or β -naphthylamine or benzidine.

The number of voluntarily reported cases of dermatitis maintained the decrease which it had shown in the previous year, and the incidence of some of the more readily controlled cases seems to have been reduced. The alkaline antiseptic used has proved its value, and the incidence of dermatitis among painters appears to be decreased owing to the better knowledge of the value of coating the exposed skin with a film of ointment before work. Alkalis, especially soda and lime, are still the chief causes of skin disease in industry.

RESEARCH FELLOWSHIPS IN TUBERCULOSIS

The Medical Research Council has made the following awards of Dorothy Temple Cross Fellowships for 1932-3, under the terms of the benefaction in that name for research fellowships in tuberculosis:

VERONICA BESSIE FRITH DAWKINS, M.B., Ch.B., Bristol. Resident Medical Officer, Maltings Farm Sanatorium, Colchester.

GORDON MONCRIEFF DEAN, M.B., Ch.B., Aberdeen. Late Department of Surgery, Aberdeen University.

EVELYN MARY HOLMES, M.B., Ch.B., Manchester. Late Assistant Tuberculosis Officer, Welsh National Memorial Association.

JOHN NOEL O'REILLY, B.M., B.Ch., Oxford. Late House-physician, Brompton Hospital, London.

WALTER GRAHAM SCOTT-BROWN, M.D., Cambridge; F.R.C.S., Assistant Surgeon, Throat, Nose, and Ear Department, Royal Free Hospital, London.

Dr. Dean will study problems of tuberculosis at Baltimore, U.S.A., the others at different European centres.